City/Landlord /Tenant Agreement (This form serves as a Landlord waiver of responsibility as stated in New Mexico State Statues 3-36-1 NMSA 1978)

Primary Name		Phone:Msg. Phone:					
				Drivers Lic.#	State Issued	Work Phone:	
				Secondary Name SSN DOB		Phone: Msg. Phone:	
	State Issued	Work Phone:					
ALL OTHER OCCU							
Name:	SSN	DOB					
Relation	Mailing Address	DOBWork Phone					
Name:	SSN	DOB					
Relation	Mailing Address	DOBWork Phone					
Name:	SSN	DOB					
Relation	Mailing Address	Work Phone					
	ntal [] Commercial []	7					
Pre-Cut Off Notification		1928 (907)					
Property Owners N	ame:	Phone #:					
Mailing Address:							
Services Informati	ion:						
Tenant Responsib	ility: Water [] Gas [] Sew	ver [] Sanitation []					
Owners Responsib	oility: Water [] Gas [] Sew	ver [] Sanitation []					
Customers Signatu	ure:	Date:					
Landlords Signatu	ıre:	Date:					
Customer Service Signature:		Date:					

Revised on: January 10, 2006

City- Original Copy

Landlord/Home Owner- 1 Copy

Tenant- 1 Copy